

Mississippi State Board of Nursing Home Administrators

(601) 362-6914

www.bnha.state.ms.us

(date of last revision - 3/12/14)

INFORMATION SHEET FOR ENDORSEMENT APPLICANTS STEPS FOR LICENSURE THROUGH ENDORSEMENT

IN ORDER TO BE PLACED ON THE AGENDA FOR THE NEXT SCHEDULED BOARD MEETING, PROCESSING OF THE APPLICATION MUST BE COMPLETED NO LATER THAN TWO (2) WEEKS PRIOR TO THE NEXT SCHEDULED MEETING DATE. IT IS VERY IMPORTANT THAT THE APPLICANT CONTACT THE BOARD OFFICE TO CHECK CURRENT DEADLINES FOR APPLICATION COMPLETION.

- (1) Application packet is submitted to the MS State Board of Nursing Home Administrators (MSBNHA) office (including all original documents listed on attached checklist).
- (2) Mail a copy of the attached Endorsement / Reciprocity Questionnaire to each state board that has issued a nursing home administrator license to you. Include all states since original licensure.
- (3) The Application is considered complete when the **originals** of all required documents are received in the Board office. Once processing of the Application is complete, the Board then reviews the Application and pertinent documents at the next scheduled quarterly Board meeting to determine whether or not the candidate is eligible to receive a Mississippi license. In some cases the candidate is required to meet with the Board concerning his/her Application.
- (4) Notice of Board action taken on the Application will be mailed to the applicant within several days after the Board meeting.
- (5) If the Application is approved, the applicant then will be required to sit for the State Test within sixty (60) days from Board approval.
- (6) Upon successful completion of the State Test, an Invoice for the License Fee and an Application for License form will be mailed to the applicant. Upon receipt of this form and the license fee, the license will be issued.

CHECKLIST FOR APPLICATION FOR LICENSE THROUGH RECIPROCITY/ ENDORSEMENT

In compliance with MS Code Ann. 73-17-11, you must submit the following documents along with your Application for License. These documents must be the **originals** with the original signatures. The transcript(s) must come to the Board office directly from the school. Also include this checklist with a check beside each enclosure:

1. ___ Proof that you are at least 21 years of age
(ex: a copy of your drivers license)
2. ___ Proof of good moral character
(three letters of recommendation from professional associates are required - the references may not be related to the applicant by blood or marriage and must be able to address your character and professional competence)
3. ___ Proof that you are in good health and physically able to perform the duties of a nursing home administrator
(a signed statement from your physician attesting to this fact please do not submit personal information, such as results of a check-up)
4. ___ Proof that a state and federal criminal record check performed within the last six months to be sent directly to the Board's administrative office from a) the employing institution, or b) the Mississippi Criminal Information Center. (This document must be notarized.)
5. ___ Proof that you meet the basic educational, training and administrative experience requirements equal to or exceeding those required in Mississippi, on or after July 1, 2012:
 - Sixty-four (64) semester hours of college work from an accredited institution*;
 - An associate degree from an accredited institution*;
 - A bachelor's degree from an accredited institution; or
 - A graduate degree from an accredited institution.

* Note: Applicants with educational requirement less than a bachelor's degree also are required to provide documentation of work in a supervisory capacity in a Mississippi-licensed nursing home for a minimum of two (2) consecutive years immediately before making application licensure through Endorsement
6. ___ Proof that you completed a six-month A.I.T Program prior to receiving your original license, or proof that you have had two (2) years experience out of the past three (3) years as a long term health care facility administrator. (Normally the state board that issued your original license will provide this information when the Endorsement / Reciprocity Questionnaire form is completed. However, if this information is not provided through the state board, you will be required to provide satisfactory proof.)
7. ___ Proof that you are employed in a Mississippi sub-acute or long term care facility
(Certificate of Employment form)
*****IMPORTANT*** - In order to apply for a MS license, you must be employed in a licensed nursing home in MS; however, you cannot serve as the Administrator of Record without first being issued a Mississippi Nursing Home Administrator license.**
8. ___ Proof of your NAB Examination Score
(a Scale Score of 113 is required in Mississippi - this information usually is provided by the state board of original license when the Endorsement/Reciprocity Questionnaire form is completed. However, you will be required to provide satisfactory proof of your score if the state board does not include this information on the Questionnaire form)
9. ___ Application Fee of \$175.00

Mississippi State Board of Nursing Home Administrators

1755 LELIA DRIVE, SUITE 305. JACKSON, MISSISSIPPI 39216. TELEPHONE (601) 362-6914

Date _____ 20____

APPLICATION FEE = \$175.00

APPLICATION FOR LICENSE AS A NURSING HOME ADMINISTRATOR

I hereby make application for License as a Nursing Home Administrator pursuant to the Laws of the State of Mississippi and the Regulations of the Mississippi State Board of Nursing Home Administrator,

1. Name: _____
LAST FIRST MIDDLE MAIDEN

2. Address: Residence _____
STREET OR P. O. BOX CITY STATE ZIP CODE

Business _____
STREET OR P. O. BOX CITY STATE ZIP CODE

3. Telephone – Residence: _____ - - Business: _____ - -
Cell Phone: _____ - - FAX: _____ - -

4. E-Mail – Personal: _____ Business: _____

5. Date of Birth: _____ Place of Birth: _____

6. Social Security Number: _____

7. EDUCATION AND TRAINING

Circle the Highest Grade Completed
1 2 3 4 5 6 7 8 9 10 11 12

Name and location of High School

Year Completed

___ Graduated

___ Cert. of Equivalent

Training beyond high school, college or university, nursing, business college, or other schools you have attended. Under credits earned, indicate Q for quarter hours,

Circle highest year of college or university completed
1 2 3 4 5 6 7 8

S for semester hours, and T for trimester hours.

Name and location	Dates Attended / From	To	Credits Earned	Major Field	Degree(s) Earned and Year

Describe any education or training you have had which is not covered above and is related to operation of nursing homes or health care facilities. Specify dates attended and recognition earned. Attach evidence of completion of courses in nursing home or health care administration.

HAVE COLLEGE OR UNIVERSITY FORWARD OFFICIAL TRANSCRIPT DIRECTLY TO THIS BOARD.

8. EMPLOYMENT HISTORY including Present Employment and Military Experience, if any.
(Most recent experience first)

FROM MO. YR.	TO MO. YR.	EMPLOYERS Name, address, Type of Business	Job Title and Description of Duties Performed

9. Membership in Professional Societies and Associations:

NAME OF ORGANIZATION	DATE OF MEMBERSHIP	OFFICES HELD	ACTIVE OR INACTIVE

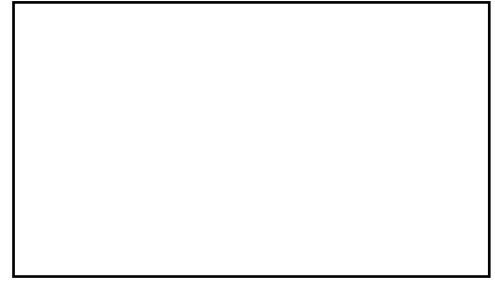
10. Do you hold Professional Certificates of License? Yes _____ No _____

Type _____ State of original license _____

Date of original license _____ Currently Registered ? Yes _____ No _____

State Currently registered in _____ License No. _____

11. Attach a RECENT (within 90 days) Photograph, at least 2" x 3".
Sign your name and date on the back of the photograph.



12. Have you ever been convicted, or have a trial pending, for committing a crime, felony or misdemeanor? Yes No (Circle one)

If yes, explain _____

13. Are you in good health and physically able to perform the duties of a nursing home administrator? Yes No

If no, explain _____

14. Have you ever received treatment for excessive use of alcohol, drugs or narcotics? Yes No

If yes, explain _____

15. Have you applied for licensing by examination in any state or states for license as a Nursing Home Administrator? Yes No

If yes, give state(s) _____

16. Have you ever failed examination or been refused license by examiner by any state? Yes No

If so, give details _____

17. Have you ever had a Certificate or Professional license refused, revoked, suspended, voluntarily surrendered, or encumbered in any way (including discipline action) or is action pending any of the above? Yes No

If so, give details _____

18. APPLICANT MUST FURNISH THE NAMES AND ADDRESSES OF THREE (3) REFERENCES: (Who are in the position to provide information in regard to your character and professional competence, and are not related to you by blood or marriage)

(1) Name _____ Address _____

Title _____

(2) Name _____ Address _____

Title _____

(3) Name _____ Address _____

Title _____

AFFIDAVIT OF APPLICATION

I hereby certify that all information contained herein is complete and correct, that I am familiar with the Mississippi Statute pertaining to nursing homes and/or health care facilities and their administration.

If granted a license to practice as a Nursing Home Administrator in the State of Mississippi, I will obey the laws of the State, the Rules and Regulations of the Mississippi State Board of Nursing Home Administrators, and maintain the honor and dignity of the profession.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in the Application that my Application may be rejected or my license may be revoked by the Board.

(Signature of Applicant)

Date _____

Subscribed and sworn to before me this _____ Day of _____, 20____.

Notary Public my commission expires _____

NOTARY SEAL

Certificate of Employment

I certify that

_____,
who is applying for a Mississippi Nursing Home
Administrator License through Endorsement,

is employed by

(facility)

as of

Date

Owner, Regional Manager, Chairman of the Board (Printed or Typed)

Owner, Regional Manager, Chairman of the Board (Signature)

Date

Subscribed and sworn to before me this _____ Day of _____, 20____.

_____ my commission expires _____
Notary Public

NOTARY SEAL

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305

Jackson, MS 39216

(601) 362-6914

Physician's Statement

Note to the Physician: _____ is applying for a Mississippi Nursing Home
(applicant's name)

Administrator License. Proof of good health of all license candidates is required by state law. Only the original document will be accepted.

_____ is in good health and physically able to perform the duties of a nursing
(patient's name)
home administrator.

Physician's name (please print or type)

Physician's signature

Physician's business address

Date

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305
Jackson, MS 39216
(601) 362-6914

Transcript Request Form

Applicant Name (Please print or type)

Institution Attended (Please print or type)

Campus Attended

Years Attended

Name Under Which Attended

Date of Birth

Social Security Number

Current Address

Please mail academic transcripts for the individual named above to:

MS State Board of Nursing Home Administrators
1755 Lelia Drive, Suite 305
Jackson, MS 39216

Applicant Signature

Date

Applicant: Please note that it is the applicant's responsibility to request a transcript be sent directly to the Board office.

Mississippi State Board of Nursing Home Administrators

1755 Lelia Drive, Suite 305; Jackson, MS 39216
(601) 362-6914

ENDORSEMENT/RECIPROCITY QUESTIONNAIRE

The individual named below, who is or previously has been licensed in your state, has made application for license by endorsement as a Nursing Home Administrator in Mississippi. Please complete the following form and return to the above address. Thank you.

(The upper portion to be completed by applicant. **Provide a copy of this form to each state board that has issued you a license - include all states since original licensure**)

NAME: _____ HOME ADDRESS: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

=====

(This portion to be completed by an authorized individual with the state licensing board)

Is the above information the same as your records? Yes _____ No _____

LICENSE NUMBER: _____ DATE ISSUED: _____ DATE EXPIRES: _____

Did your state issue original license? Yes ___ No ___ If not, indicate state of original license _____

STATUS OF LICENSE: Active _____ Inactive _____ Expired _____

According to your records, what is the highest level of education achieved by this applicant? _____

If original license was issued by your state, please complete the following two questions:

Exam Score: Type _____ Raw Score _____ Scale Score _____ Date of Exam _____
(NAB, PES or Other)

Was an A.I.T. Practicum successfully completed? Yes _____ No _____

Length of practicum: _____

Has the applicant ever been disciplined by your Board? _____

If yes, please explain

According to your records, is the applicant in good standing with your Board at this time?

If no, please explain

Does the applicant currently have an investigation or a disciplinary action pending? Yes _____ No _____

Name of individual completing this form

Signature

Official Title

Date

STATE SEAL

Mailing Address

Phone Number

City, State, Zip Code

Email Address